



# NIGHT WORKER HEALTH ASSESSMENT POLICY & QUESTIONNAIRE

**Ignite Temps Limited**

## 1. Purpose

Ignite Temps Limited is committed to protecting the health, safety, and welfare of all workers, including those undertaking night work assignments.

This policy supports compliance with the Working Time Regulations 1998, GLAA standards, and promotes worker wellbeing and safe working practices.

## 2. Scope

This policy applies to employees, temporary workers, agency workers, and any worker undertaking regular night work assignments through Ignite Temps Limited.

## 3. Legal Framework

This policy supports compliance with the Working Time Regulations 1998, Health and Safety at Work Act 1974, Equality Act 2010, Management of Health and Safety at Work Regulations 1999, and GLAA Licensing Standards.

## 4. Health Assessment Requirements

Ignite Temps Limited will offer a free health assessment before night work begins and periodic reassessments where appropriate.

The company will maintain confidentiality and take reasonable steps where health concerns are identified.

## 5. Confidentiality and Data Protection

Health information will be treated confidentially, stored securely, and processed in accordance with UK GDPR and Data Protection legislation.

## 6. Worker Responsibilities

Workers are expected to complete assessments honestly, report any changes affecting fitness for work, and follow health and safety procedures.



## 7. Management Responsibilities

Management will ensure assessments are offered appropriately, review concerns raised through assessments, support worker wellbeing, and consider reasonable adjustments where appropriate.

## 8. Night Worker Health Assessment Questionnaire

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Job Role / Assignment: \_\_\_\_\_

Client / Site Location: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Question	Yes	No
Do you suffer from any medical condition that may affect night work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medication that may cause drowsiness or fatigue?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from sleep-related problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced excessive fatigue during previous night work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any condition affected by shift work or irregular hours?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from stress, anxiety, or fatigue-related concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any eyesight issues affecting night work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns regarding your ability to work nights safely?	<input type="checkbox"/>	<input type="checkbox"/>



## Additional Information

Please provide details of any health concerns, adjustments, or support requirements:

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## 9. Assessment Outcome

- Fit for Night Work
- Fit with Adjustments
- Further Assessment Required
- Temporarily Unsuitable for Night Work

## Recommended Adjustments / Notes

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## 10. Declaration

I confirm that the information provided within this assessment is accurate to the best of my knowledge.

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 11. Company Review

Reviewed By: \_\_\_\_\_

Position: \_\_\_\_\_



Review Date: \_\_\_\_\_

Comments:

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## **12. Monitoring and Review**

Ignite Temps Limited will review this policy regularly to ensure compliance with UK employment and health & safety legislation, Working Time Regulations, GLAA licensing standards, and industry best practice.

## **13. Policy Ownership**

Policy Owner: Ignite Temps Limited

Review Frequency: Annually

Approved By: Director, Ignite Temps Limited

Next Review Date: 12 Months from Issue Date